

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

| Claim          | Date     |
|----------------|----------|
| Final Original |          |
| 1              | 12-30-02 |
| 2              | 2-21-03  |
| 3              | 9-8-03   |
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| Claim          | Date |
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| Claim          | Date |
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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